# Public Health Service, HHS

(b) DOL will select the site producing the highest estimate for probability of causation to adjudicate the claim.

#### §81.24 Guidelines for leukemia.

- (a) For claims involving leukemia, DOL will calculate one or more probability of causation estimates from up to three of the four alternate leukemia risk models included in NIOSH-IREP, as specified in the NIOSH-IREP Operating Guide. These include: "Leukemia, all types except CLL" (IDC-9 codes: 204-208, except 204.1), "acute lymphocytic leukemia" (ICD-9 code: 204.0), and "acute myelogenous leukemia" (ICD-9 code: 205.0).
- (b) For leukemia claims in which DOL calculates multiple probability of causation estimates, as specified in the NIOSH-IREP Operating Guide, the probability of causation estimate DOL assigns to the claim will be based on the leukemia risk model producing the highest estimate for probability of causation

# §81.25 Guidelines for claims including two or more primary cancers.

For claims including two or more primary cancers, DOL will use NIOSH-IREP to calculate the estimated probability of causation for each cancer individually. Then DOL will perform the following calculation using the probability of causation estimates produced by NIOSH-IREP:

#### EQUATION 1

Calculate: 1-[{1-PC1} × {1-PC2} ×. . . × {1-PCn}] = PCtotal,

where  $PC_1$  is the probability of causation for one of the primary cancers identified in the claim,  $PC_2$  is the probability of causation for a second primary cancer identified in the claim, and  $PC_n$  is the probability of causation for the nth primary cancer identified in the claim.  $PC_{total}$  is the probability that at least one of the primary cancers (cancers 1 through "n") was caused by the radiation dose estimated for the claim when Equation 1 is evaluated based on the joint distribution of  $PC_1, \ldots, PC_n$  DOL will use the probability of causation value calculated for  $PC_{total}$  to adjudicate the claim.

 $[67~\mathrm{FR}~22309,~\mathrm{May}~2,~2002;~67~\mathrm{FR}~62096,~\mathrm{Oct.}~3,~2002]$ 

APPENDIX A TO PART 81—GLOSSARY OF ICD-9 CODES AND THEIR CANCER DESCRIPTIONS  $^1$ 

ICD-9 code	Cancer description
140 141	Malignant neoplasm of lip. Malignant neoplasm of tonque.
142	Malignant neoplasm of major salivary glands.
143 144	Malignant neoplasm of gum. Malignant neoplasm of floor of mouth.
145 146	Malignant neoplasm of other and unspecified parts of mouth.  Malignant neoplasm of oropharynx.
147 148	Malignant neoplasm of nasopharynx.  Malignant neoplasm of hypopharynx.
149 150	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx. Malignant neoplasm of esophagus.

 $<sup>^4\</sup>mathrm{Evaluating}$  Equation 1 based on the individual upper 99th percentiles of PC1, . . . . , PCn approximates the upper 99th percentile of PCtotal whenever PC1, . . . , PCn are highly related, e.g., when a common dose-reconstruction is the only non-negligible source of uncertainty in the individual PCi's. However, this approximation can overestimate it if other sources of uncertainty contribute independently to the PC1, . . . , PCn, whereas treating the joint distribution as fully independent could substantially underestimate the upper 99th percentile of PCtotal whenever the individual PCi's are positively correlated

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ICD-9 code	Cancer description
151	
152	Malignant neoplasm of small intestine, including duodenum.
153	
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus.
155	Malignant neoplasm of liver and intrahepatic bile ducts.
156	Malignant neoplasm of gall bladder and extrahepatic bile ducts.
157	
158	The state of the s
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum.
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses.
161	
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165	Malignant neoplasm of other and ill-defined sites within the respiratory system and intra-
	thoracic organs.
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174	Malignant neoplasm of female breast.
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179	Malignant neoplasm of uterus, part unspecified.
180	
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188	Malignant neoplasm of urinary bladder.
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208	Leukemia of unspecified cell type.

<sup>&</sup>lt;sup>1</sup>The International Classification of Diseases Clinical Modification (9th Revision) Volume I&II. [1991] Department of Health and Human Services Publication No. (PHS) 91–1260, U.S. Government Printing Office, Washington, D.C.

# PART 82—METHODS FOR CONDUCTING DOSE RECONSTRUCTION UNDER THE ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT OF 2000

### **Subpart A—Introduction**

- 82.2 What are the basics of dose reconstruction?
- 82.3 What are the requirements for dose reconstruction under EEOICPA?
- 82.4 How will DOL use the results of the NIOSH dose reconstructions?

# Subpart B—Definitions

82.5 Definition of terms used in this part.

### Sec.

- 82.0  $\,$  Background Information on this part.
- 82.1 What is the purpose of this part?